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APPLICANTS

Anthony Zuclich, Mukilteo, WA;

Judy Zuclich, Mukilteo, WA;

** CONTINUING DATA ***** *None HPS*** FOREIGN APPLICATIONS ***** *None HPS*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 10	TOTAL CLAIMS 75	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

Frank J. Bozzo
 BLACK LOWE & GRAHAM PLLC
 Suite 4800
 701 Fifth Avenue
 Seattle, WA
 98104

TITLE

Apparatus and method for support of electronic components

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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